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1616

PTO/SB/21 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031

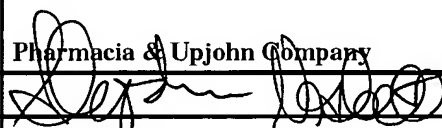
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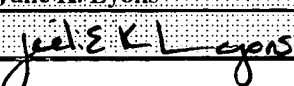
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/035,100
	Filing Date	12/28/01
	First Named Inventor	EHF Wong
	Art Unit	1614
	Examiner Name	William R A Jarvis
Total Number of Pages in This Submission	Attorney Docket Number	00378.US1

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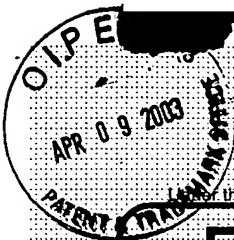
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	A return-receipt postcard is enclosed. Exhibit attached to response
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Reply is Election of Species (Office Communication dated 3/26/2003)	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Pharmacia & Upjohn Company
Signature	 Stephen L. Nesbitt (28,981)
Date	April 4, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 4, 2003	
Typed or printed	Julie K. Lyons
Signature	 Julie K. Lyons
Date	April 4, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PTO/SB/17 (10-02)  
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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**0.00**

## Complete if Known

Application Number **10/035,100**  
Filing Date **12/28/03**  
First Named Inventor **EHF Wong**  
Examiner Name **William R A Jarvis**  
Art Unit **1614**  
Attorney Docket No. **00378.US1**

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number **21-0718**  
Deposit Account Name **Pharmacia & Upjohn Company**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)**0.00**

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	<input type="text"/>	-20** =	<input type="text" value="0"/>	X	<input type="text" value="\$0.00"/>	=	<input type="text" value="\$0.00"/>
Independent Claims	<input type="text"/>	-3** =	<input type="text" value="0"/>	X	<input type="text" value="\$0.00"/>	=	<input type="text" value="\$0.00"/>
Multiple Dependent					<input type="text" value="\$0.00"/>	=	<input type="text" value="\$0.00"/>